

2GB-CC-0699

If you need any other information please contact me at:

CONTACT INFORMATION:

CLUB AFFAIRS TELEVISION SHOW

JOSE IGNACIO LARRAGA

PRODUCER

PH. 956-878-9325

info@clubaffairs.us

RECEIVED & INSPECTED

MAR 12 2007

FCC - MAILROOM

SHIPPING ADDRESS:

CLUB AFFAIRS TELEVISION SHOW

JOSE IGNACIO LARRACA

PRODUCER

1 RANCHO VIEJO DR.

RANCHO VIEJO TX 78575

PH. 956-878-9325

MAILING ADDRESS:

CLUB AFFAIRS TELEVISION SHOW

JOSE IGNACIO LARRACA

PRODUCER

P.O. BOX 720208

MCALLEN TX 78504

STATE OF TEXAS §
 §
COUNTY OF HIDALGO §

AFFIDAVIT

BEFORE **ME**, the undersigned Notary Public ~~in. and~~ for the State of Texas, on this day personally appeared, **JOSE IGNACIO LARRAGA**, known to ~~be~~ the person whose name is subscribed hereto, who duly sworn in the manner provided by law, on oath states ~~as~~ follows:

"My name is Jose Ignacio Larraga DBA Club Affairs Television Show. I am the age of eighteen (18) years or over, have personal knowledge of, and am competent and authorized to testify to the facts set herein due to ~~my~~ being an Owner and specifically the area that forms the basis of this Affidavit" .

*"I am the Owner and Producer of a Television ~~Show~~ titled Club Affairs a thirty-minute weekly television program. I'm attaching the following documentation to support the petition to **SEEK A WAIVER TO COMPLY WITH THE CLOSED CAPTIONING RULES ON THE BASIS OF UNDUE BURDEN:***

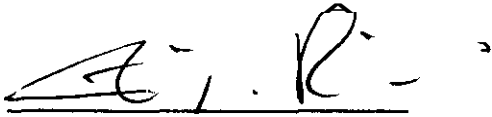
1.- Letter lpetition to the Commission's Secretary, Office ~~of~~ the Secretary, Federal Communications Commission, Attention: CGB Room 3-B431.

II.- Copy from Original of 2006 Income Tax Report

III.- Copy from original of FRN Registration

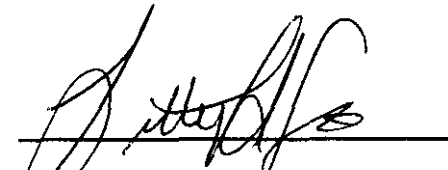
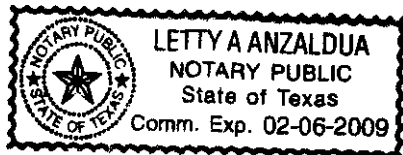
IV.- Copy from Original of Assume Name Certificate"

Further, Affiant sayeth now,



Jose Ignacio Larraga

SUSCRIBED AND SWORN TO before me, the undersigned authority, on the 9-day of March 2007, to certify which witness my hand and seal office.



Notary Public, State of Texas

Notary's Name printed/typed:

Letty A Anzaldúa

Notary's commission expires:

02/06/2009



www.clubaffairs.us

March 8, 2007

***Commission's Secretary,
Office of the Secretary,
Federal Communications Commission
Attention: CGB Room 3-B431***

To who Concern,

Thank You for taking the time to **talk** with me on the phone recently and explain me everything regarding the Exemptions to the Closed Captioning on the basis of undue burden.

I am the producer of a local television show as follow:

NAME OF THE SHOW Club Affairs
AIRTIME: Saturdays @ 5 pm
NETWORK: KVEO-TV / NBC 23
DURATION OF THE SHOW 30 Minutes
LANGUAGE English and Spanish (80%& **20%** Approx.)
NUMBER OF SHOWS BROADCASTED AS 3/5/2006: 6 shows.

Few weeks ago we have been informed and requested from the network that we need to closed captioned the show in order to comply with the Federal Communications Commission and in order also to continuing broadcasting. After done some research and been talking with some personnel of the FCC, we wrote the present letter to **SEEK A WAIVER TO COMPLY WITH THE CLOSED CAPTIONING RULES ON THE BASIS OF UNDUE BURDEN.**

After all these initial weeks of broadcasting, we can say that our Show Club Affairs begun to have some acceptance from the public and especially from the sponsors. But even our show is growing; at the present time we still been a small-local production with a lot of equipment, personnel and financial shortages.

For that reason, we summit the following information for your consideration:

1.- At the present time, we don't have the equipment to Closed Captioning the show. We are working with very basic and limited equipment for recording and editing of the **show**.

2.- We have been with the show only few weeks and have just begun looking for sponsors. We don't have yet an established list **of** weekly clients, which give **us** the financial resources to buy or we rent equipment to Closed Captioning the show.

3.- At the present time, the show is recorder and edited by my self. I truly believe that soon will be having the financial resources to hire a Videographer, Editor **as** well a person to Closed Captioning the show.

4.- We asked the Local network for some help to solve these matter, but they don't have their own equipment to do it in-house, everything they broadcasted is coming directly from Network with the closed caption included. Apparently, we are the only local production that they broadcasted. If you need to confirm this information, please call:

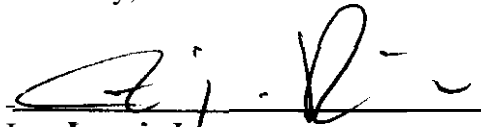
KVEO / NBC 23
Director Of Programming
Attn' Martha Ybarra
956-544-2323
programming@kveo.com

Even for me as producer, Closed Captioning is a new technical issue in which I need to get prepared getting all the information possible in the process, equipment, time and personnel need it in order to Close captioning the Show.

We feel very confident that during these coming 3 years, we can have the financial resources to buy all the necessary equipment, hire and do the training for the necessary personnel. It is hoped that your office may grant **us** with the waiver or exemption of the closed captioning **rules**.

Your prompt attention will be greatly appreciated.

Sincerely,



Jose Ignacio Larraga
Club Affairs Television Show
Producer
SSN#640-32-0161
DL: 09084517 Texas
FCC Registration Number (FRN): 0015592413

Department of the Treasury — Internal Revenue Service
Form 1040 U.S. Individual Income Tax Return 2006 (99) IRS Use Only — Do not write or staple in this space.

Label
 (See instructions.)

Use the IRS label.
 Otherwise, please print or type.

Presidential Election Campaign

For the year Jan 1 - Dec 31, 2006, or other tax year beginning 2006, ending 20

OMB No. 1545-0074

Your first name MI Last name
Jose I Larraga, Sr.

If a joint return, spouse's first name MI Last name
Evelyn Alvarez de Larraga, Mrs

Home address (number and street). If you have a P.O. box, see instructions. Apartment no.
P.O. Box 720208

City, town or post office. If you have a foreign address, see instructions. State ZIP code
Mcallen TX 78504

Your social security number
 [REDACTED]

Spouse's social security number
 [REDACTED]

You must enter your social security number(s) above. ▲

Checking a box below will not change your tax or refund.

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions). ☐ You ☐ Spouse

Filing Status

1 ☐ Single

2 ☒ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above & full name here.

4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.

5 ☐ Qualifying widow(er) with dependent child (see instructions)

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a.

b ☒ Spouse.

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see instrs)
Leslie	Larraga	635-30-3698	Daughter	<input checked="" type="checkbox"/>
Jourdan	Larraga	635-36-9770	Son	<input checked="" type="checkbox"/>
Robinson	Larraga	635-30-2673	Son	<input type="checkbox"/>

d Total number of exemptions claimed. 5

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2.	7	
8a Taxable interest. Attach Schedule B if required.	8a	
b Tax-exempt interest. Do not include on line 8a.	8b	
9a Ordinary dividends. Attach Schedule B if required.	9a	
b Qualified dividends (see instrs).	9b	
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions).	10	
11 Alimony received.	11	
12 Business income or (loss). Attach Schedule C or C-EZ.	12	11,975.
13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here.	13	
14 Other gains or (losses). Attach Form 4797.	14	
15a IRA distributions.	15a	
b Taxable amount (see instrs).	15b	
16a Pensions and	16a	
b Taxable amount (see instrs).	16b	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E.	17	
18 Farm income or (loss). Attach Schedule F.	18	
19 Unemployment compensation.	19	
20a Social security benefits.	20a	
b Taxable amount (see instrs).	20b	
21 Other income	21	
22 Add the amounts in the far right column for lines 7 through 21. This is your total income.	22	11,975.

Adjusted Gross Income

23 Archer MSA deduction. Attach Form 8853.	23	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ.	24	
25 Health savings account deduction. Attach Form 8889.	25	
26 Moving expenses. Attach Form 3903.	26	
27 One-half of self-employment tax. Attach Schedule SE.	27	846.
28 Self-employed SEP, SIMPLE, and qualified plans.	28	
29 Self-employed health insurance deduction (see instructions).	29	
30 Penalty on early withdrawal of savings.	30	
31a Alimony paid to Recipient's SSN.	31a	
32 IRA deduction (see instructions).	32	
33 Student loan interest deduction (see instructions).	33	
34 Jury duty pay you gave to your employer.	34	
35 Domestic production activities deduction. Attach Form 8803.	35	
36 Add lines 23 - 31a and 32 - 35.	36	846.
37 Subtract line 36 from line 22. This is your adjusted gross income.	37	11,129.

Tax and Credits**Standard Deduction for**

• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:

Single or Married filing separately,

Married filing jointly or Qualifying widow(er), \$10,300

Head of household, \$7,550

38	Amount from line 37 (adjusted gross income).	38	11,129.
39a	Check if: <input type="checkbox"/> You were born before January 2, 1942, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1942, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
	b If your spouse itemizes on a separate return, or you were a dual-status alien, see instrs and ck here. <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin).	40	19,632.
41	Subtract line 40 from line 38.	41	-8,503.
42	If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina, see instructions. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d.	42	16,500.
43	Taxable income. Subtract line 42 from line 41.	43	0.
44	If line 42 is more than line 41, enter -0-.	44	0.
44	Tax (see instrs). Check if any tax is from: <input type="checkbox"/> Form(s) 8814 <input type="checkbox"/> Form 4972.	44	0.
45	Alternative minimum tax (see instructions). Attach Form 6251.	45	0.
46	Add lines 44 and 45.	46	0.
47	Foreign tax credit. Attach Form 1116 if required.	47	
48	Credit for child and dependent care expenses. Attach Form 2441.	48	
49	Credit for the elderly or the disabled. Attach Schedule R.	49	
50	Education credits. Attach Form 8863.	50	
51	Retirement savings contributions credit. Attach Form 8880.	51	
52	Residential energy credits. Attach Form 5695.	52	
53	Child tax credit (see instructions). Attach Form 8801 if required.	53	0.
54	Credits from: <input type="checkbox"/> Form 8396 <input type="checkbox"/> Form 8839 <input type="checkbox"/> Form 8859.	54	
55	Other credits. Check applicable box(es): <input type="checkbox"/> Form 3800 <input type="checkbox"/> Form 8801 <input type="checkbox"/> Form	55	
56	Add lines 47 through 55. These are your total credits.	56	0.
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-.	57	0.

Other Taxes

58	Self-employment tax. Attach Schedule SE.	58	1,692.
59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137.	59	
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required.	60	
61	Advance earned income credit payments from Form(s) W-2, box 9.	61	
62	Household employment taxes. Attach Schedule H.	62	
63	Add lines 57-62. This is your total tax.	63	1,692.

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099.	64	
65	2006 estimated tax payments and amount applied from 2005 return.	65	
66a	Earned income credit (EIC).	66a	4,450.
	b Nontaxable combat pay election. <input type="checkbox"/> 66b		
67	Excess social security and tier 1 RRTA tax withheld (see instructions).	67	
68	Additional child tax credit. Attach Form 8812.	68	
69	Amount paid with request for extension to file (see instructions).	69	
70	Payments from: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Form 8855.	70	
71	Credit for federal telephone excise tax paid. Attach Form 8913 if required.	71	60.
72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments.	72	4,510.

Refund

Direct deposit / See instructions and fill in 74b, 74c, and 74d or Form 8888.

73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid.	73	2,818.
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here. <input type="checkbox"/> 74a	74a	2,818.
	b Routing number. XXXXXXXXXX c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number. XXXXXXXXXXXXXXXXXXXX		
75	Amount of line 73 you want applied to your 2007 estimated tax.	75	

Amount You Owe

76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see instructions.	76	
77	Estimated tax penalty (see instructions).	77	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete the following. ☒ No

Sign Here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
<i>[Signature]</i>	3/8/07	3D Animator	956-878-9325
Spouse's signature. If joint return, both must sign.	Date	Spouse's occupation	
		Homemaker	

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's SSN or PTIN
<i>[Signature]</i>	3/8/07	<input checked="" type="checkbox"/>	640-32-0161
Firm's name (or yours if self-employed), address, and ZIP code	EIN		
Self-Prepared 520 E. REPBUO AVE McAllen TX 78504.	Phone no. 956-878-9325		

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

► Attach to Form 1040.
► See instructions for Schedule A (Form 1040).

OMB No. 1545-0074

2006

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

3 Larraga, Sr. 6 E Alvarez de Larraga, Mrs

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.	
1	Medical and dental expenses (see instructions)	1	8,604.
2	Enter amount from Form 1040, line 38	2	11,129.
3	Multiply line 2 by 7.5% (.075)	3	835.
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	7,769.
Taxes You Paid			
5	State and local income taxes		
6	Real estate taxes (see instructions)		
7	Personal property taxes		160.
8	Other taxes. List type and amount ►	8	
9	Add lines 5 through 8	9	160.
Interest You Paid			
10	Home mtg interest and points reported to you on Form 1098	10	8,996.
11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ►	11	
12	Points not reported to you on Form 1098. See instrs for spcl rules	12	
13	Investment interest. Attach Form 4952 if required. (See instrs.)	13	
14	Add lines 10 through 13	14	8,996.
Gifts to Charity			
15	Gifts by cash or check. If you made any gift of \$250 or more, see instrs.	15	
16	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500.	16	
17	Carryover from prior year	17	
18	Add lines 15 through 17	18	
Casualty and Theft Losses			
19	Casualty or theft loss(es). Attach Form 4684. (See instructions.)	19	
Job Expenses and Certain Miscellaneous Deductions			
20	Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►	20	
21	Tax preparation fees	21	130.
22	Other expenses — investment, safe deposit box, etc. List type and amount ► <u>See Statement</u> 2,800.	22	2,800.
23	Add lines 20 through 22	23	2,930.
24	Enter amount from Form 1040, line 38	24	11,129.
25	Multiply line 24 by 2% (.02)	25	223.
26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	26	2,707.
Other Miscellaneous Deductions			
27	Other — from list in the instructions. List type and amount ►	27	
Total Itemized Deductions			
28	Is Form 1040, line 38, over \$150,500 (over \$75,250 if married filing separately)? <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> Yes. Your deduction may be limited. See instructions for the amount to enter.	28	19,632.
29	If you elect to itemize deductions even though they are less than your standard deduction, check here ► <input type="checkbox"/>		

SCHEDULE C
(Form 1040)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2006

Attachment
Sequence No. **09**

Department of the Treasury

(99) • Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.
▶ Attach to Form 1040, 1040NR, or 1041. ▶ See Instructions for Schedule C (Form 1040).

Name of proprietor

Jose I Larraga, Sr.

Social security number (SSN)

A Principal business or profession, including product or service (see instructions)

TV Production: Animator/Designer

B Enter code from instructions

▶ 541800

C Business name. If no separate business name, leave blank.

Employer ID number (EIN), if any

20-3328974

E Business address (including suite or room no.) ▶ 210 Remington Ave.
City, town or post office, state, and ZIP code Edinburg TX 78539

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

G Did you 'materially participate' in the operation of this business during 2006? If 'No,' see instructions for limit on losses. ☒ Yes ☐ No

H If you started or acquired this business during 2006, check here. ☐

Part I Income

1	Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, see the instructions and check here. <input type="checkbox"/>	1	9,833.
2	Returns and allowances.	2	
3	Subtract line 2 from line 1.	3	9,833.
4	Cost of goods sold (from line 42 on page 2).	4	
5	Gross profit. Subtract line 4 from line 3.	5	9,833.
6	Other income, including federal and state gasoline or fuel tax credit or refund.	6	10,800.
7	Gross income. Add lines 5 and 6.	7	20,633.

Part II Expenses. Enter expenses for business use of your home only on line 30.

8	Advertising.	8	0.	18	Office expenses.	18	
9	Car and truck expenses (see instructions).	9		19	Pension and profit-sharing plans.	19	
10	Commissions and fees.	10	420.	20	Rent or lease (see instructions):		
11	Contract labor (see instructions).	11		a	Vehicles, machinery, and equipment.	20a	
12	Depletion.	12		b	Other business property.	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions).	13	8,238.	21	Repairs and maintenance.	21	
14	Employee benefit programs (other than on line 19).	14		22	Supplies (not included in Part III).	22	
15	Insurance (other than health).	15		23	Taxes and licenses.	23	
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to bank, etc).	16a		a	Travel.	24a	
b	Other.	16b		b	Deductible meals and entertainment.	24b	
17	Legal & professional services.	17		25	Utilities.	25	
28	Total expenses before expenses for business use of home. Add lines 8 through 27 in columns.	28		26	Wages (less employment credits).	26	
29	Tentative profit (loss). Subtract line 28 from line 7.	29		27	Other expenses (from line 48 on page 2).	27	
30	Expenses for business use of your home. Attach Form 8829.	30					
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2 or on Form 1040NR, line 13 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31	11,975.				

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

• If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.

32 a ☒ All investment is at risk.

• If you checked 32b, you must attach Form 6198. Your loss may be limited.

32 b ☐ Some investment is not at risk.

BAA For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule C (Form 1040) 2006

SCHEDULE SE
(Form 1040)

Self-Employment Tax

OMB No. 1546-0074

2006

Attachment
Sequence No. **17**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040. ▶ See instructions for Schedule SE (Form 1040).

Name of person with self-employment income (as shown on Form 1040)

Jose I Larraga, Sr.

Social security number of person
with self-employment income ▶

Who Must File Schedule SE

You must file Schedule SE if:

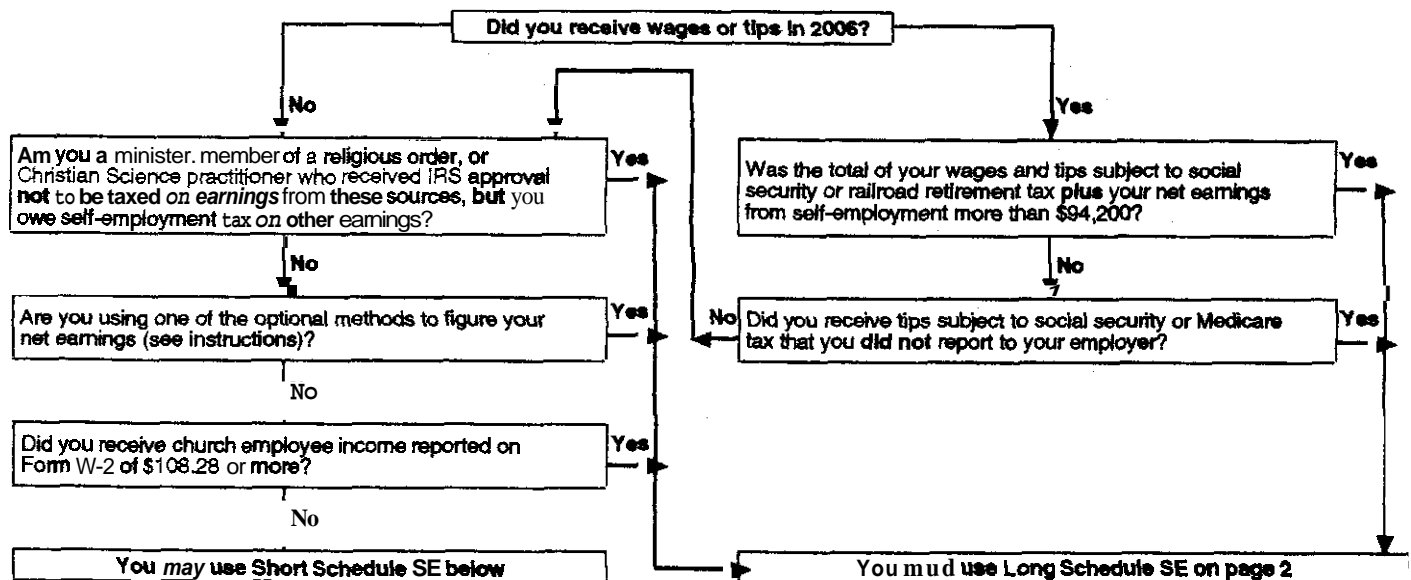
- You had net earnings from self-employment from other than church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, or
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order is not church employee income (see instructions).

Note. Even if you had a loss of a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either optional method in Part II of Long Schedule SE (see instructions).

Exception: If you only had self-employment income from earnings as a minister, member of a religious order, or Christian Science practitioner who received IRS approval not to be taxed on earnings from these sources, but you owe self-employment tax on other earnings, do not file Schedule SE. Instead, file Form 4361 and received IRS approval not to be taxed on those earnings, do not file Schedule SE. Instead, file Form 1040, line 58.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart only if you must file Schedule SE. If unsure, see Who Must File Schedule SE, above.



Section A - Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1	Net profit or (loss) from Schedule F, line 36, and from partnerships, Schedule K-1 (Form 1065), box 14, code A.		
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for amounts to report on this line. See instructions for other income to report.	2	11,975.
3	Combine lines 1 and 2.	3	11,975.
4	Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax.	4	11,059.
5	Self-employment tax. If the amount on line 4 is: • \$94,200 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 58. • More than \$94,200, multiply line 4 by 2.9% (.029). Then, add \$11,680.80 to the result. Enter the total here and on Form 1040, line 58.	5	1,692.
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 27.	6	846.

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule SE (Form 1040) 2006

SCHEDULE EIC
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (00)

Name(s) shown on return

**Earned Income Credit
Qualifying Child Information**

Complete and attach to Form 1040A or 1040
only if you have a qualifying child.

OMB No. 1545-0074

2006

Attachment
Sequence No. **43**

Your social security number

you begin:

See the instructions for Form 1040A, lines 10a and 40b, or Form 1040, lines 66a and 66b, to make sure that (a) you can take the EIC and (b) you have a qualifying child.

- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.

CAUTION: • It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

Qualifying Child Information

Child 1

Child 2

	First name	Last name	First name	Last name
1 Child's name				
If you have more than two qualifying children, you only have to list two to get the maximum credit.	Leslie	Larraga	Jourdan	Larraga
2				
The child must have an SSN as defined in the Form 1040A or Form 1040 instructions unless the child was born and died in 2006. If your child was born and died in 2006 and did not have an SSN, enter 'Died' on this line and attach a copy of the child's birth certificate.				
3 Child's year of birth	Year <u>1992</u> If born after 1987, skip lines 4a and 4b; go to line 5.		Year <u>1993</u> If born after 1987 skip lines 4a and 4b; go to line 5.	
4 If the child was born before 1988 —				
a Was the child under age 24 at the end of 2006 and a student?	<input type="checkbox"/> Yes. Go to line 5.	<input type="checkbox"/> No. Continue	<input type="checkbox"/> Yes. Go to line 5.	<input type="checkbox"/> No. Continue
b Was the child permanently and totally disabled during any part of 2006?	<input type="checkbox"/> Yes. Continue	<input type="checkbox"/> No. The child is not a qualifying child.	<input type="checkbox"/> Yes. Continue	<input type="checkbox"/> No. The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc)		Daughter		son
6 Number of months child lived with you in the United States during 2006				
• If the child lived with you for more than half of 2006 but less than 7 months, enter '7'.				
• If the child was born or died in 2006 and your home was the child's home for the entire time he or she was alive during 2006, enter '12'		<u>12</u> months Do not enter more than 12 months.		<u>12</u> months Do not enter more than 12 months.

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2006

Attachment

J Larraga, Sr. & E Alvarez de Larraga, Mrs

Business or activity to which this form relates

Sch C TV Production: Animator/Designer

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses.	1	\$108,000.
2		2	
3		3	\$430,000.
4		4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions.	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add:	8	
	1. Enter the smaller of line 5 or line 8	9	
		10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instr.).	11	
		12	
13	Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12.	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year (see instructions).	14	
15	Property subject to section 168(f)(1) election.	15	
16	Other depreciation (including ACRS).	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2006.	17	6,524.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here.		

Section B - Assets Placed in Service During 2006 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property.						
b 5-year property.						
c 7-year property.						
d 10-year property.						
e 15-year property.						
f 20-year property.						
g 25-year property.			25 yrs		S/L	
h Residential rental property.			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property.			39 yrs	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

20a Class life.					S/L	
b 12-year.			12 yrs		S/L	
c 40-year.			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28.	21	1,714.
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions.	22	8,238.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.	23	

Part IV Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No										24b If 'Yes,' is the evidence written? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost											
25 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service tax year more than 50% in a qualified business use (see instructions).										25									
26 Property used more than 50% in a qualified business use:																			
Sony HDV camera	01/05/05	100.00	7,000.	7,000.	7.00	200DB/HY	1,714.												
27 Property used 50% or less in a qualified business use:																			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. 28 1,714.																			
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1. 29																			

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for these vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (do not include commuting miles).												
31 Total commuting miles driven during the year.												
32 Total other personal (noncommuting) miles driven.												
33 Total miles driven during the year. Add lines 30 through 32.												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

C – Questions for Employers who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you have five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions).		

Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.

Part V Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2006 tax year (see instructions):					
43 Amortization of costs that began before your 2006 tax year.					43
44 Total. Add amounts in column (f). See instructions for where to report.					44

Name(s) Shown on Return

J Larraga, Sr. 6 E Alvarez de Larraga, Mrs

Social Security Number

Employee Business Expenses – Subject to 2% Limitation

1	Deductible expenses from Form 2106, line 10 less deductions for performing artists and handicapped employees claimed elsewhere.	1	
2 a	Qualified Educator Expenses	2	
b	Educator Expense Deduction (from 1040, line 23A).	3	
c	Excess Educator Expenses (line 2a less line 2b).	4	
3	Union and professional dues.	5	
4	Professional subscriptions.	6	
5	Uniforms and protective clothing.	7	
6	Jobsearch costs	8	
7	Other:		
		
		
		
8	Combine lines 1 through 7 (to Schedule A, line 20).	8	

Miscellaneous Expenses – Subject to 2% Limitation

Check the box in investment column if an investment expense

Investment

expense



9	Depreciation and amortization deductions.	<input checked="" type="checkbox"/>	9	
10	Casualty/theft losses of property used in services as an employee.	<input type="checkbox"/>	10	
11	REMIC expenses, from Schedule E	<input checked="" type="checkbox"/>	11	
12	Investment expenses related to interest and dividend income.	<input checked="" type="checkbox"/>	12	
13	Expenses related to portfolio income, from Schedule(s) K-1.	<input checked="" type="checkbox"/>	13	
14	Miscellaneous deductions, from Schedule(s) K-1.	<input type="checkbox"/>	14	
15	Excess deductions on termination, from Schedule(s) K-1.	<input type="checkbox"/>	15	
16	Investment counsel and advisory fees.	<input checked="" type="checkbox"/>	16	
17	Certain attorney and accounting fees.	<input checked="" type="checkbox"/>	17	2,800.00
18	Safe deposit box rental fees	<input checked="" type="checkbox"/>	18	
19	IRA custodial fees	<input checked="" type="checkbox"/>	19	
20	Loss incurred from total distribution of all traditional IRAs.	<input type="checkbox"/>	20	
21	Loss incurred from total distribution of all Roth IRAs.	<input type="checkbox"/>	21	
22	Hobby expense (limited to hobby income).	<input type="checkbox"/>	22	
23	Other:	<input type="checkbox"/>	23	
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
24	Combine lines 9 through 23 (to Schedule A, line 22).		24	2,800.00

Other Miscellaneous Deductions – Not Subject to 2% Limitation

25	Expenses related to portfolio income, from Schedule(s) K-1.	<input checked="" type="checkbox"/>	25	
26	Federal estate tax paid on decedent's income reported on this return.	<input type="checkbox"/>	26	
27	Impairment-related expenses of a handicapped employee, from Form 2106.	<input type="checkbox"/>	27	
28	Amortizable bond premiums on bonds acquired before 10/23/86.	<input type="checkbox"/>	28	
29	Gambling losses.	<input type="checkbox"/>	29	
30	Casualty/theft losses of income-producing property.	<input type="checkbox"/>	30	
31	Other:	<input type="checkbox"/>	31	
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
32	Combine lines 25 through 31 (to Schedule 4 line 27).		32	

Federal Carryover Worksheet

2006

• Keep for your records

Name(s) Shown on Return J Larraga, Sr. & E Alvarez de Larraga, Mrs	Social Security Number [REDACTED]
---	--------------------------------------

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount

Other Tax and Income Information			2005	2006
1	Filing status.	1	2 MFJ	2 MFJ
2	Number of exemptions for blind or over 65 (0 -4).	2		
3	Itemized deductions after limitation.	3	48,473.	19,632.
4	Check box if required to itemize deductions.	4		
5	Adjusted gross income.	5	9,192.	11,129.
6	Tax liability for Form 2210 or Form 2210-F.	6	0.	0.
7	Alternative minimum tax.	7	0.	0.
8	Federal overpayment applied to next year estimated tax.	8		

QuickZoom to the IRA Information Worksheet for IRA Information (see Tax Help).

Excess Contributions			2005	2006
9 a	Taxpayer's excess Archer MSA contributions as of 12/31.	9 a		
b	Spouse's excess Archer MSA contributions as of 12/31.	b		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31.	10 a		
b	Spouse's excess Coverdell ESA contributions as of 12/31.	b		
11 a	Taxpayer's excess HSA contributions as of 12/31.	11 a		
b	Spouse's excess HSA contributions as of 12/31.	b		

Loss and Expense Carryovers			2005	2006
12 a	Short-term capital loss.	12 a		
b	AMT Short-term capital loss.	b		
13 a	Long-term capital loss.	13 a		
b	AMT Long-term capital loss.	b		
14 a	Net operating loss available to carry forward.	14 a		
b	AMT Net operating loss available to carry forward.	b		
15 a	Investment interest expense disallowed.	15 a		
b	AMT Investment interest expense disallowed.	b		
16	Nonrecaptured net Section 1231 losses from:	16 a		
	a 2006.	a		
	b 2005.	b		
	c 2004.	c		
	d 2003.	d		
	e 2002.	e		
	f 2001.	f		

J Larraga, Sr. & E Alvarez de Larrasa, Mrs**Loss and Expense Carryovers (cont'd)**

				2005	2006
17	AMT Nonrecap'd net Sec 1231 <i>losses</i> from:	a	2006. . .	17 a	
		b	2005. . .	b	
		c	2004. . .	c	
		d	2003. . .	d	
		e	2002. . .	e	
		f	2001. . .	f	

Credit Carryovers

20	Mortgage interest credit from:	b	2005.	18			
			c		2004.	19 a	
			d		2003.		
			e		2002.		
			f		2001.		
			a		2006.		
		b	2005.	20 a			
			c		2004.		
			d		2003..		
			21				
			22				
			23				
			24	0.			
				2005	2006		

25	Section 179 expense deduction disallowed.		25	0.	
26	Excess	a	Taxpayer (Form 2555, line 44).	26 a	
	foreign	b	Taxpayer (Form 2555, line 46).	b	
	housing	c	Spouse (Form 2555, line 44).	c	
	deduction:	d	Spouse (Form 2555, line 46).	d	

Charitable Contribution Carryovers

27	2005 Carryover of charitable contributions from:	Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2005.				
b	2004.				
c	2003.				
d	2002.				
e	2001.				
28	2006 Carryover of charitable contributions from:	Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2006.				
b	2005.				
c	2004.				
d	2003.				
e	2002.				

Depreciation and Amortization Report

2006

J Larraga, Sr. & E Alvarez de Larraga, Mrs

Tax Year 2006

Sch C - TV Production: Animator/Designer ▶ Keep for your records

Asset Description	Code	Date in Service	Cost (net of land)	Business Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/Convention	Prior Depreciation	Current Depreciation
DEPRECIATION											
Imac computer		01/01/04	4,300	100.00	2,150		2,150	5.0	200DB/HY	1,118	413
epson color printer		01/01/04	670	100.00	670		0	5.0	200DB/HY	0	0
External hard drive		01/01/04	160	100.00	160		0	5.0	200DB/HY	0	0
photo camera		01/01/04	1,200	100.00	600		600	7.0	200DB/HY	233	105
HP Scanner		01/01/04	1,800	100.00	900		900	7.0	200DB/HY	349	157
Sony HDV Camera	L	01/05/05	7,000	100.00			7,000	7.0	200DB/HY	1,000	1,714
Sony HDV Camera		01/05/05	12,000	100.00	3,600		8,400	7.0	200DB/HY	1,200	2,057
Sony HDV Videocassette recorder		01/05/05	7,000	100.00	2,100		4,900	7.0	200DB/HY	700	1,200
Video Light Kit		01/05/05	3,200	100.00	960		2,240	7.0	200DB/HY	320	549
Video & Audio Equipment		01/05/05	8,000	100.00	2,400		5,600	7.0	200DB/HY	800	1,371
Apple G5 Computer		01/05/05	3,000	100.00	900		2,100	5.0	200DB/HY	420	672
SUBTOTAL PRIOR YEAR			48,330		14,440	0	33,890			6,140	8,238
TOTALS			48,330		14,440	0	33,890			6,140	8,238

2006

J Larraga, Sr. & E Alvarez de Larraga, Mrs

Tax Year 2006

Sch C - TV Production: Animator/Designer ▶ Keep for your records

[illegible]

Code: S = Sold, A = Auto, L = Listed, H = Home Office

FDIV3701 06/28/08

Page 1 of 1



FCC Registration

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[< FCC Site Map](#)

FRN Registration

 [Return to FCC Registration Home](#)

Thank you for registering with the FCC. As of today, **Oct 9 2006 6:39PM**, you have been assigned the following FCC Registration Number (FRN): **0015592413**. Please print this page for your records.

Domestic Individual Registration

Salutation:	Mr	First Name:	Iose
Middle Initial:	I	Last Name:	Larraga
Suffix:		Doing Business As:	Club Affairs Television Show
SSN:	640320161		

Contact Information

Organization:		Position:	
Salutation:	Mr	First Name:	Iose
Middle Initial:	I	Last Name:	Larraga
Suffix:			
Address line 1:	P.O. Box 720208	Address line 2:	
city:	McAllen	State:	TEXAS
Zip Code:	78504	Phone:	956 878 9325
Fax:		Email:	info@clubaffairs.us

FRN Password

Password: 1ismygod

Personal Security Question and Answer

PSQ: Pet's name PSQ Answer: madonna

Amateurs, Aircraft, Marine, Antenna Structure Registration (ASR), and any other service licensed through the Universal Licensing System (ULS) should click on the following link to **access ULS** and **associate** their call sign(s) with their new FRN and password. Existing call signs must be associated with an FRN before you can file in ULS.

- [FCC Universal Licensing System](#)

To visit another FCC site, follow the links below:

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- [FCC Broadband Licensing System](#)
- [FCC Electronic Tariff Filing System](#)
- [FCC Emergency Alert System](#)
- [FCC Experimental Licensing Branch Electronic Filing Site](#)

THE STATE OF TEXAS }
COUNTY OF HIDALGO }

KNOW ALL MEN BY THESE PRESENTS:

I _____, the undersigned, for the purpose of complying with Chapter 36, Title 4, Business and Commerce Code of the State of Texas, do hereby certify to the following facts

1 CLUB AFFAIRS TELEVISION SHOW is the assumed name under which the business or professional services is or is to be conducted or rendered

2 Registrant: INDIVIDUAL

3 Names and Addresses:

Name JOSE IGNACIO LARRAGA

Title _____

Address P.O. BOX 720208

Name _____

MCALEN TX 78504

Title _____

Address _____

Name _____

Title _____

Address _____

Name _____

Title _____

Address _____

Said Company was duly associated under the laws of Texas and its registered or similar office address there is
Corporation incorporated

210 REMINGTON AVE., EDINBURG TX 78539

County or counties within the State of Texas where the business or professional services are being or are to be conducted or rendered under said assumed name HIDALGO COUNTY

4 The business or professional service is a SOLE PROPRIETORSHIP
The corporation is a _____

5. The period, not to exceed ten (10) years, during which the assumed name will be used is from the 22nd
day of DECEMBER, 20 05, until the 22nd day of DECEMBER, 20 15.
IN TESTIMONY WHEREOF, T have hereunto set MY handS, this the 22nd day of
DECEMBER, 2005.

A. J. R.

1. Indicate whether the registrant is an Individual; a Partnership; an Estate; a Real Estate Investment Trust; a Company; a Corporation.
2. If the registrant is:

- a. An individual, full name and residence address;
- b. A Partnership, the venture or partnership name, the venture or partnership office address, the full name of each joint venturer or general partner and their residence address if an individual, or its office address if not an individual;
- c. an Estate, the name of the estate, the estate's office address, if any, and the full name of each representative of the estate, residence address, if an individual, or its office address if not an individual;
- d. a Real Estate Investment Trust, the name of the trust, the address of the trust, the full name of each trustee manager, residence address, if an individual, or its office address if not an individual;
- e. a Company, other than a real estate investment trust, or a corporation, the name of the company or corporation, the state, county or other jurisdiction under the laws of which it was organized, incorporated or associated, and its office address;

- f. a Corporation, the name of the corporation as stated in its articles of incorporation or association or comparable document, the state, county, or other jurisdiction under the laws of which it was incorporated or associated and address of its registered or similar office in that state, county or jurisdiction, if required to maintain a registered office in this state, the address of such registered office and the name of its registered agent at such address, and the address of its principal office if not the same as that of its registered office in this state; if the corporation is not required to or does not maintain a registered office in this state, its office address in this state or if the corporation is not incorporated, organized or associated under the laws of this state, the address of its place of business in this state or its office address elsewhere, if any.

3. Insert titles as: individual, general partner, joint venturer, representative, trustee manager, company/corporate office, attorney in fact and registered agent and/or indicate registered office address, etc.
4. Strike if not applicable.
5. Insert form of business/corporation as proprietorship, sole practitioner, joint venture, general partnership, limited partnership, real state investment trust, joint-stock company, or some other form of unincorporated business or professional association or entity, or for corporations; business corporation, nonprofit corporation, professional corporation, or some other type of incorporated business, professional or other association, or legal entity.

(Acknowledgment Under Oath)

THE STATE OF TEXAS }
COUNTY OF Hidalgo }

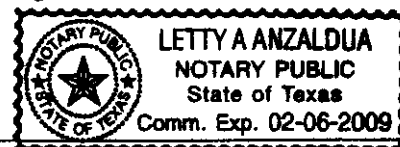
BEFORE ME, the undersigned authority, on this day personally appeared Jose Ignacio Larrago
who having been by me first duly sworn upon oath, deposed and said "I have been duly authorized in writing by my principal to execute and
acknowledge this legal instrument."

SUBSCRIBED AND SWORN TO BEFORE ME by _____
this the 22nd day of December, A.D. 2005

Hidalgo County, Texas. My commission expires 02/06/2009

_____, Notary Public

THE STATE OF TEXAS }
COUNTY OF _____ }



Before me, the undersigned authority, on this day personally appeared _____

known to me to be the person _____ whose name _____ subscribed to the foregoing instrument, and acknowledged
to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office on this the _____ day of _____, A.D. 20 _____.

Hidalgo County, Texas. My commission expires _____

_____, Notary Public

(Corporate/Partnership Acknowledgment)

THE STATE OF TEXAS }
COUNTY OF _____ }

Before me, the undersigned authority, on this day personally appeared _____

of _____

partnership:
a corporation: known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the
same for the purposes and consideration therein expressed, in the capacity therein stated and as the act and deed of said partnership.
corporation.

Given under my hand and seal of office on this the _____ day of _____, A.D. 20 _____.

Hidalgo County, Texas. My commission expires _____

_____, Notary Public

Filed for Record in:
Hidalgo County
by Eddy Traylor
County Clerk

On: Dec 22, 2005 at 12:48P

As a Recording

Document Number: 1558911
Total Fees 13.50

Receipt Number - 729248
by,
Adriana Solis, Deputy